

2004 SCHEDULE H SUB Homeowner and Renter Property Tax Credit

049980210000

OFFICIAL USE ONLY

Important: Read the eligibility requirements.

Personal information

Mark if you are: [X] 62 or older [X] Blind or disabled
Your first name: ABCDEFGHIJKLMNOP
M.I.: A Last name: ABCDEFGHIJKLMNOP
Your social security number: 123456789
Spouse's social security number: 123456789
Your daytime phone number: 1234567890

Mailing address (number and street): 12345ABCDEF...
Apartment number: 12ABC
City: ABCDEFGHIJKLMNOP
State: AB Zipcode: 123456789

Address of property (number and street) for which you are claiming credit if different from above: 12345ABCDEF...
Apartment number: 12ABC
City: ABCDEFGHIJKLMNOP
State: AB Zipcode: 123456789

Type of property for which you are claiming credit: [X] House [X] Apartment [X] Rooming house
Complete either Section A or Section B, whichever one applies.

Section A Claim based on rent paid

1 Total household gross income From Line w (page 2). If over \$20,000, do not claim this credit. 1 \$ 123456789.00
2 Rent paid on this property in 2004 123456789.00 x .15 = 2 \$ 123456789.00
3 Property tax credit If under age 62 and not blind or disabled, use Table A. If 62 or older, or blind, or disabled, use Table B. 3 \$ 123456789.00
4 Rent supplements received in 2004 by you or by your landlord on your behalf If none, leave blank. 4 \$ 123456789.00
5 Allowable property tax credit Subtract Line 4 from Line 3. D-40 filers, enter this amount on Line 30 of D-40. 5 \$ 123456789.00

6 Landlord's name: ABCDEFGHIJKLMNOP...
Landlord's address (number and street): 12345ABCDEF...
Apartment number: 12ABC
City: ABCDEFGHIJKLMNOP
State: AB Zipcode: 123456789
Landlord's telephone number: 1234567890

Section B Claim based on real property tax paid

7 Total household gross income From Line w (page 2). If over \$20,000, do not claim this credit. 7 \$ 123456789.00
8 DC real property tax paid by you on this property in 2004 8 \$ 123456789.00
9 Property tax credit If under age 62 and not blind or disabled, use Table A. If 62 or older, or blind, or disabled, use Table B; D-40 filers, enter the amount here, and on Line 30 of your D-40. 9 \$ 123456789.00
10 Enter information from your real property tax bill or assessment. If a section is blank on your tax bill, leave it blank here.
Square number 1234 Suffix number 1234 Lot number 1234

Your last name ABCDEFGHIJKLMNOPQ
Your SSN 123456789

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Calculation of total household gross income Report the total income of every member of your household, including any income not subject to DC tax.

	You	Your spouse	Other household members
a Wages, salaries, tips, bonuses, commissions, fees	123456789.00		123456789.00
b Dividends and interest		123456789.00	
c Lottery winnings	123456789.00		123456789.00
d Business income or loss		123456789.00	
e Taxable and nontaxable portion of pensions and annuities	123456789.00		123456789.00
f Capital gain (loss)		123456789.00	
g Alimony received	123456789.00		123456789.00
h Net rental income		123456789.00	
i Social security and/or railroad retirement	123456789.00		123456789.00
j Unemployment insurance and/or worker's compensation		123456789.00	
k Support money and/or public assistance grants	123456789.00		123456789.00
l Interest on U.S. obligations		123456789.00	
m Disability income exclusion (from DC Form D-2440)	123456789.00		123456789.00
n Non-taxable portion of military compensation		123456789.00	
o Fellowship and scholarship awards and grants	123456789.00		123456789.00
p Life insurance proceeds		123456789.00	
q Veteran's pensions and disability payments	123456789.00		123456789.00
r GI Bill benefits		123456789.00	
s Income subject to unincorporated business franchise tax	123456789.00		123456789.00
t Cash distributions		123456789.00	
u Other	123456789.00		123456789.00
v Total gross income Add Lines a - u for each column.		123456789.00	
w Total gross household income. Add all amounts on Line v. enter here and on correct Line (1 or 7) on page 1 of this schedule.		\$ 123456789.00	

Other members of your household List all people other than your spouse, whose income is included in the other household members column on page 2.

First name	M.I.	Last name	Social security number
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN	123456789
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN	123456789
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN	123456789

Signature Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.
Declaration of paid preparer is based on all information available to the preparer.

Your signature _____ Date _____ Paid preparer's signature _____ Date _____
Paid preparer's FEIN, SSN or PTIN 123456789 Paid preparer's phone number 1234567890

Your last name ABCDEFGHIJKLABCDEFGHI
Your SSN. 123456789

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Physician's certification of blindness or disability *If you are blind or disabled, you must have this certificate completed each time you claim the Property Tax Credit.*

Claimant's first name M.I. Last name
ABCDEFGHIJKLMABC A ABCDEFGHIJKLABCDEFGHI

Claimant's social security number
123456789

I certify that the above named taxpayer (fill in all that apply):
 is blind
 has a physical or mental impairment that is expected to last continuously for 12 months or more
 was physically or mentally impaired on January 1, 2004

Physician's first name M.I. Last name
ABCDEFGHIJKLMABC A ABCDEFGHIJKLABCDEFGHI

Physician's address (number and street) Suite number
12345ABCDEFGHIJKLMABCDEFGHI 12ABC

City State Zipcode
ABCDEFGHIJKLMABCDEFGHI AB 123456789

Physician's signature Date Where Licensed License No.

Definitions

Blind

Vision that does not exceed 20/200 in the better eye with correcting lenses, or vision that is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

Disabled

Unable to engage in any gainful activity due to a physical or mental impairment which can be expected to last for 12 months or more.